

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1219

63-049848
FILE NUMBER

FILED DEC 20 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis.**

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

De Paul Hospital.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri.

b. COUNTY

St. Louis.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

4247 Athlone Ave. (15)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Walter

H.

Pfeiffer.

4. DATE OF DEATH

Month

Day

Year

December 8

1963.

5. SEX

M.

6. COLOR OR RACE

white

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/4/91

9. AGE (last birthday)

72

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman- coal.

10b. KIND OF BUSINESS OR INDUSTRY

Coal

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Pfeiffer.

13b. MOTHER'S MAIDEN NAME

Mary Schillerman.

14. NAME OF HUSBAND OR WIFE

Frieda Pfeiffer (Held)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Frieda Pfeiffer, 4247 Athlone Ave. (15)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Lung

INTERVAL BETWEEN ONSET AND DEATH

4 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Aug. 1963

to 12/8/63

and last saw her alive on 12/3/63

Death occurred at

3:30 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H.O. Mowse M.D.

22b. ADDRESS

23, Northland Med Bldg

22c. DATE SIGNED

12/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

Dec 12, 1963

23c. NAME OF CEMETERY OR CREMATORY

New Bethlehem

23d. LOCATION (City, town, or county)

St. Louis County

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Buchholz Mortuary, 5967 W. Florissant Ave.

25. DATE RECD. BY LOCAL REG.

DEC 10 1963

26. REGISTRAR'S SIGNATURE

Coal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

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92-0

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91

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilfred H. Buschholz
Licensed Embalmer No. 4551

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.